
D: Overview of Mission and Functions

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Investing in Prevention

“Public health is something people notice more often by its absence than its presence.

Nearly 90% of the improvements in life expectancy in the last 100 years are credited to public health measures even though only about 1% of the total health care expenditures go for public health services”

— Task Force on Core Public Health Functions

Today we enjoy better health, live in healthier conditions, know more about how to take care of our health, and live longer than at any time in the past. To a large extent, this is the result of public health efforts. One of the major public health achievements over the years has been the increase in life expectancy of Americans from 45 years in 1900 to 75 years today. While curative medicine is credited with five of those years, population-based public health prevention measures are responsible for the vast majority of the gain — 25 extra years of living.

The basis of public health programs is prevention, the benefits of which may sometimes seem intangible. Public health efforts not only prevent illness, injury, and death, but also yield tremendous dividends. For example, for every dollar spent on measles vaccines, an estimated \$10 is saved in medical costs. The cost of medical care for a woman whose breast cancer is diagnosed early is about one-third to one-half the medical care cost for a woman whose cancer is diagnosed at a later stage.

To protect and promote health, TDH uses a systematic, population-based approach to public health problems which focuses on improving the health status of entire communities. TDH also works with our partners in public health across the state to ensure that quality individual health services are available to all Texans. In addition, TDH serves as a resource, provides technical assistance and expertise to local health departments and communities, and works to create innovative partnerships to address public health problems across the state.

TDH's five year (1997-2001) Strategic Plan outlines the eight goals toward which the agency's activities are directed to achieve our mission. The plan is divided into five goals directly funded through the Appropriations Act and three goals that contain indirect administrative activities. To assist the Sunset Commission in identifying the connection between the strategic plan and TDH's organizational structure, the TDH administrative unit (known as “associateship”) primarily responsible for carrying out each objective is listed in parenthesis. Brief examples of activities under each objective also are given to illustrate how TDH carries out its public health mission.

TDH Strategic Plan

Goal A: Prevention and Promotion

Assure that prevention and health promotion are integral parts of all services.

Goal A of TDH's Strategic Plan represents much of what is referred to as "essential public health functions," that is, those functions that form the very heart of illness and injury prevention. TDH has identified three objectives to achieve this goal.

Environmental and Consumer Health/ Border Health

Objective A.1: To intervene in the most significant identified consumer, environmental, occupational, and community hazards by 2001.

Through other comprehensive statewide programs, TDH works to prevent illness and injury by implementing safety programs for food, drugs, and medical devices; by providing information and regulatory oversight on radiation control and consumer products, as well as occupational and environmental health; and by serving as a resource on community sanitation matters.

(Associateship for Environmental and Consumer Health)

TDH has identified Border Health as one sector that deserves special attention and combines agencywide resources to address the specific public health problems found along the Texas/Mexico border.

(Associateship for Operations)

Program Examples

Lead in Consumer Products

When the issue of lead in miniblinds came to the forefront, TDH provided technical assistance by testing various brands of miniblinds with an x-ray fluorescence analyzer (XRF) on-site to determine whether lead was present. TDH also provided information to the public that resulted in many homeowners removing their blinds to prevent their children from being exposed to lead. In another instance, an importer of Mexican folk art requested and received assistance from TDH in determining whether her wares contained lead. TDH personnel again used an XRF to do on-site testing, which revealed the presence of lead-based paint in some of the toys and artifacts that she was planning to sell. As a result of this consultation, the importer chose not to sell the lead-containing items, thereby protecting the public from potential lead exposure.

Food Safety

Recently, a meat wholesale distributor intentionally violated the Texas Meat and Poultry Inspection Act by buying old and decaying meat and

reselling it to grocery stores for retail sale. Knowing full well that this meat could not be sold for human consumption, the wholesaler originally said it would sell the meat to an alligator farm and then intentionally sold it to unsuspecting retail grocery stores. This situation posed a serious threat to public health and could have caused an outbreak of food-borne illness. TDH inspectors became aware of this extreme violation and stopped these sales and assessed administrative penalties against the wholesaler.

WIC and Prevention Nutrition Services

Objective A.2: To increase the statewide participation of eligible low-income women, infants, and children to 83% in programs delivering special supplemental food assistance and nutrition education.

TDH administers the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that provides both direct food benefits and nutrition education services to children under the age of 5, pregnant women, breast-feeding women, and women who have recently had a baby. Services include immunizations, nutrition screening, nutrition counseling, breast-feeding support, and prescriptions for supplemental foods. Eligibility is based on income and a nutritional risk assessment. (Associateship for Health Care Delivery)

Program Example

WIC Success Story

The primary mission of Texas WIC is to give our state's most vulnerable children the best possible start by providing optimal nutrition during the critical stages of fetal and early-childhood development. Breast-fed infants, babies who receive iron-fortified formula, and children who eat appropriate nutritious foods build a foundation for lifelong health and increased intellectual potential. One recent WIC success story is the academic achievements of an 11-year-old former WIC participant. As a fifth-grader, he made perfect scores on both the mathematics and reading sections of the statewide TAAS test. In six grade, he scored high enough on a national math test to rank in the top 5% of the nation.

Disease Control and Prevention

Objective A.3: To decrease the level of preventable diseases, injuries, conditions, and deaths to within 75% of Healthy Texan 2000 objectives.

This objective is addressed through three important programs at TDH: the provision of human immunodeficiency virus (HIV) and sexually transmitted disease (STD) prevention education, testing, medical intervention, and counseling services; the promotion and administration of immunizations for all children throughout the state; and the prevention of other diseases and injuries through epidemiology, surveillance, education, diabetes-related activities, clinical prevention, and chronic disease prevention activities.

(Associateship for Disease Control and Prevention)

Program Examples

Shots Across Texas

An innovative coalition of state and local groups was launched in 1993

by TDH to fully immunize at least 90% of Texas' children 2 years of age and under by 1996. Informal CDC estimates in 1993 had placed Texas last among the states for adequate childhood immunizations. According to CDC's latest National Immunization Survey in 1996, the estimated rate for routine recommended vaccinations of Texas children aged 19-35 months had increased to 72% compared with the national average of 77%. TDH plans to continue to work to bring immunization rates into the mid 90% range.

Oral Rabies Vaccination Program (ORVP)

Canine rabies had been eliminated from the United States with the development and use of animal rabies vaccines beginning in the 1950s, but re-entered Texas in 1988, posing a serious public health threat. Since 1990, four human lives have been lost to rabies in Texas and more than 2,500 people in South Texas have taken post-exposure rabies vaccine injections. In 1995, TDH began air drops of vaccine-laden bait for coyotes to halt the spread of canine rabies being transmitted by coyotes and dogs in South Texas. In 1996, the distribution area was expanded to include gray foxes in Central Texas. This program has resulted in a significant reduction in animal rabies cases in Texas. This program is not only saving lives and millions of dollars in treatment for people who might have otherwise been exposed to rabies, but also exemplifies the success of cooperative efforts among international, federal, state, and local officials.

Tobacco Prevention and Control

Because approximately 90% of adult tobacco users become addicted before the age of 19, TDH focuses much of its tobacco control efforts on discouraging teen tobacco use. One innovative project supported by TDH is the Target Campaign, a vision of an elementary school nurse in Humble, Texas, whose goal was to show young children how they were being "targeted" by the tobacco companies to become new smokers. Children in grades K through 5 learn positive ways to advocate for their own health by: (1) becoming educated about advertising and marketing techniques; (2) learning to voice their opinions for positive change; and (3) developing their own creativity through pro-health messages and activities. TDH is committed to working toward a tobacco-free Texas that will provide both children and adults with an environment that encourages healthy behaviors.

Goal B: Medicaid Services

Develop a comprehensive approach to client health.

TDH administers Acute Care Medicaid services (as opposed to Medicaid long-term care and mental health Medicaid services) in Texas. This program is primarily an insurance arrangement for specific direct health care services provided to persons who meet state and federal eligibility requirements. This strategy includes the Medicaid Managed Care program

which is responsible for developing comprehensive systems of health care delivery. In addition to direct health services, physicians and nurses provide medical policy direction for Medicaid and public health programs. One objective, broken into nine strategies, addresses this function.

Objective B.1: Improve access to health care services for all Medicaid-eligible clients by increasing the range and scope of available Medicaid services and by providing a broad, flexible array of service providers for all geographic locales in Texas.

The first four strategies under this objective are designed to evaluate average numbers of recipient months of eligibility for which Medicaid premium payments are made to both managed care and fee-for-service programs including the aged and disabled, Aid to Families with Dependent Children (AFDC) families, pregnant women, and children. The purpose of the fifth strategy is to provide accessible services to certain Medicaid-eligible recipients that fall into specific categories. The sixth strategy highlights the Comprehensive Care Program for children, which provides services for children who are not included in the normal scope of benefits. The seventh strategy addresses cost reimbursed services, such as Federally Qualified Health Centers, to be provided when necessary. The final two strategies relate to prescription drugs and non-ambulance medical transportation being provided to Medicaid-eligible Texans.

(Associateship for Health Care Financing)

Program Example

Medicaid Managed Care

Programmatically, the Texas Medicaid Program is moving away from the “fee-for-service” basis for the delivery of care and toward managed care. This transition is intended to improve client access to health care while saving tax dollars. Access is improved by giving each client a “medical home”— a primary care provider who oversees the client’s primary and preventive health care and makes any referral to specialists that are necessary. This contrasts with the fee-for-service environment in which patients may choose to see any Medicaid provider, but in which willing providers may be difficult to find, preventive care such as immunizations may be lacking, self-referral may lead to frequent and inappropriate use of multiple doctors, and difficulty in accessing care may lead to frequent inappropriate use of emergency room services for non-emergency care. Currently, those Medicaid clients whose eligibility primarily stems from receiving Temporary Assistance for Needy Families (formally AFDC) have been transitioned to managed care in five service delivery areas — Austin, Bexar County, Fort Worth, Lubbock, and Beaumont/Galveston and their surrounding counties. Some 280,000 Texans residing in these areas (about 15% of the total statewide Medicaid population) are enrolled in Medicaid managed care. This number is expected to double when the Houston area is added in December 1997.

A survey of more than 400 Medicaid managed care clients in the five

service delivery areas, conducted in March 1997, found that 60% of the respondents were happier with Medicaid managed care than with traditional, fee-for-service Medicaid. Eighty-five percent of the Medicaid managed care clients responded that they like their primary care provider, while 92% answered that they receive good health care.

Goal C: Health Care Standards

Assure availability of highest quality services to all Texans across the care continuum.

Goal C, through its two objectives, is designed to ensure safe medical facilities and competent health care professionals through regulation and licensing. This goal also includes the operation of a state-of-the-art public health laboratory to provide essential support services in health endeavors as diverse as assessing water quality, preventing food-borne illnesses, and screening for metabolic disorders in newborn infants.

Objective C.1: To ensure that health care facilities meet state and federal regulations and that all health care professionals who are licensed, registered, certified, placed on a registry, or permitted to practice meet and abide by all applicable state regulations by 2001.

The means to achieving this goal include the regulation of facilities and professionals, complaint investigations, facility surveys, and criminal history reviews.

(Associateship for Health Care Quality and Standards)

Program Example

Ensuring Quality Health Care

In July of 1996, TDH received a complaint that a middle-aged man had walked out of a psychiatric hospital in a large metropolitan area. After getting away, the man strayed onto one of the major interstate highways and was struck by a vehicle. He later died from his injuries. TDH surveyors were sent to the hospital to determine if the facility was at fault. The inspection revealed that proper procedures that could have prevented the man from simply walking out were not in place. Lack of following appropriate procedures represented a serious threat to the health and safety of any patient at the facility. Due to the efforts of TDH staff, the hospital was faced with the loss of Medicare funding and severe administrative penalties from TDH.

Objective C.2: To respond to 100% of laboratory requests and laboratory complaints each year.

TDH laboratories routinely test millions of samples each year to detect a multitude of different types of bacteria, viruses, and chemicals which can cause illness. TDH and local health officials use this data to investigate outbreaks of urgent health threats, such as *E. coli* O157:H7, hantavirus, and environmental health hazards to protect the public's health.

(Associateship for Disease Control and Prevention)

Program Example

Food-borne Outbreak Found by Lab

Over a 10-day period in the fall of 1996, the TDH Laboratory received eight strains of *Salmonella* with the same unusual serotype. Three strains came from San Antonio, three from Victoria, and two from Gonzales. Because the stains were of an unusual serotype, an advanced laboratory technique known as pulse-field gel electrophoresis was performed to determine if these strains were related. All eight strains showed identical test patterns, indicating they came from a single parent cell. This information was given to TDH's Infectious Disease Epidemiology and Surveillance Division, which determined the eight infected patients and others had consumed food prepared by one caterer in San Antonio.

Goal D:
Promote
Equitable Access

Minimize disparities in health status among all populations.

This goal encompasses most of the direct or "safety net" services provided by TDH. Most of these services are delivered at the local level, and therefore, are the TDH programs that are most recognizable by the public.

Objective D.1: To provide maternal and child health services to eligible women, infants, and children.

This objective provides primary child health services through TDH regional clinics and contracted agencies. Various sources of federal funds enable family planning services to be available to women and adolescents in the state. Two programs — Medically Dependent Children Waiver and the Children with Special Health Care Needs — fall under this objective. (Associateship for Health Care Delivery)

Program Example

Chronically Ill and Disabled Children's Respite Program

TDH provides funds to organizations at the local level to provide respite care to families with children who have a terminal or chronic disease or are severely disabled. The purpose of the program is to alleviate some of the social and financial stress these families have from caring for medically fragile children. A little time off can make a huge difference, as one participant expressed: "My wife and I were so stressed, we contemplated divorce. My 1-year-old child, who is severely medically disabled, was draining everyone; and we turned to in-home respite services. We can never thank you enough for what this program has done for all my family. Please extend and fund this worthwhile organization. I strongly believe that society in general benefits from this type of program. Everybody is a winner."

Objective D.2: During 1997-2001, provide increased access to quality preventive and comprehensive diagnostic/treatment services for eligible clients by maximizing the use of primary prevention, early detection, and management of health care.

Texas Health Steps (formerly EPSDT) and Texas Health Steps Dental programs provide a wide range of preventive health and comprehensive diagnostic, treatment, and dental services to eligible Texas children. (Associateship for Health Care Delivery)

Program Example

Texas Health Steps

A newborn in the Rio Grande Valley was diagnosed with a heart murmur and then, seemingly, disappeared. The address on file for the family was invalid and the phone was disconnected. The Texas Health Steps (THSteps) outreach team in the area researched the last-known location of the family and visited the neighborhood. With the help of neighbors, THSteps staff located the family and informed them of the benefits of THSteps. The family had erroneously believed that the child was not eligible for the needed Medicaid services. An appointment was made for the child with a nearby cardiologist, and the THSteps workers are staying in contact with the family to follow up.

Objective D.3: To provide 10% of primary health care-eligible indigent patients with a primary health care provider by 2001; improve the availability of basic health care services in rural areas by increasing the percentage of primary health care providers by 15% in rural counties by 2001; and reduce the disparities in the occurrence of preventable diseases among each racial/ethnic population by 10% for each one of the relevant Healthy Texan Year 2000 objectives by 2001.

TDH develops and implements systems of primary and preventive health care delivery to alleviate the lack of health care in underserved areas of Texas. The Community Oriented Primary Care model combines both clinical primary health services for individuals and families and population-based public health services to improve the health of communities. The TDH Office of Minority Health promotes reduction in disease and conditions which disproportionately affect minority populations. The second strategy under this objective on rural health initiatives will be presented to the Sunset Commission independently by the Center for Rural Health Initiatives.

Goal E: Coordinated Health System

Establish a coordinated, unified statewide system of public health.

The two objectives under this goal direct TDH to integrate its varying functions, provide useful and timely information to the general public, and coordinate activities with other health and human service agencies.

Objective E.1: To develop and implement information to support public health policy decisions at the local, regional, and state level.

TDH is responsible for recording all births, deaths, marriages, and divorces for the entire state. Similarly, TDH collects and analyzes statewide public health data.

Program Example

Remote Access by Local Registrars

In 1989, the Bureau of Vital Statistics began a system whereby local registrars in cities and counties could obtain on-line access to the birth databases and print a certification of birth facts, which is legally acceptable as a birth certificate. The idea was for citizens to be able to get their birth certificate where they live instead of where they were born. Participation in remote access is voluntary, and local registrars pay an access fee for usage. Some local offices use remote access nearly 100% of the time to issue birth certificates, while others use it to issue birth certificates only to those individuals who were not born in that jurisdiction. The number of locations and the numbers of copies issued through remote access has increased steadily each year. In calendar year 1996, 82 locations issued more than 223,000 certificates through this system.

Objective E.2: To improve access to health care services for all eligible clients by increasing the range and scope of available Medicaid services and to coordinate and integrate services for preventive health, primary care, environmental health protection, trauma systems, and inpatient tuberculosis care in each public health region.

This objective encompasses many activities within TDH, including direct services provided through the TDH regions and two hospitals.

Program Example

Trauma System Development

In 1989, TDH developed and implemented a statewide emergency medical services and trauma care system, designated trauma facilities, and developed a trauma registry to monitor the system. An administrator of a small rural hospital indicated that she was not very enthused about trauma facility designation, but because her hospital receives Medicaid disproportionate share funds, they had little choice but to proceed. She admitted that, as they got into the process, she realized that designation was probably a good thing for patient care. This was borne out when a pediatric injury victim was brought into the emergency department about a week after they had implemented a pediatric crash cart. At the designation ceremony, the administrator credited the child's survival to having the needed equipment in place.

Goal F: Consumer Orientation

Ensure that the consumer is the focus of all public health policy and service delivery decisions.

Objective F.1: By 2001, consumer satisfaction will be measured and used as an outcome in the delivery of all public services.

To assure that the customer is the focus of public health, TDH has a commitment to identify and communicate with as many customers as possible. Beginning in 1995, each TDH employee is required to identify his/her customers and their needs as part of the annual performance journal

process. Gathering data from customers, whether internal or external, is common practice for problem solving and strategic planning teams.

Program Example

TDH Communications Customers

TDH's Communication Task Force, which was charged with recommending ways in which TDH could improve its communication processes, identified 10 sets of customers including local health departments, contractors and grantees, walk-in customers, telephone customers, the media, state and federal agencies, state elected leadership, TDH employees, the general public, and associations and advocacy groups. Information was gathered from each of these sets, from both internal sources (TDH employees) and external sources (specific customers). More than 3,000 contacts were made by the Task Force and recommendations for improvement were made based on the input received.

**Goal G:
Historically
Underutilized
Businesses**

Develop and implement policies governing delegated purchase, professional services, and construction projects that foster meaningful and substantive inclusion of historically underutilized businesses.

Objective: To promote full and equal business opportunities for all businesses and to make a good-faith effort to assist historically underutilized businesses (HUBs) in receiving a portion of the total contract value of all contracts that TDH expects to award in a fiscal year and to meet or exceed the percentage goals of: 25.1% building construction, 47% special trade constructions, 18.1% professional services, 33% other services, and 11.5% commodities.

(Associateship for Human Resources and Support)

Program Example

HUB Program Implementation

The Board of Health and TDH senior management are committed to and have taken an active role in ensuring that HUBs are given an opportunity to contract with TDH. A HUB coordinator position was created and a 1-800 telephone number was established for HUB vendors to contact TDH. The HUB coordinator has participated in the HUB Economic Opportunity Forums sponsored by the General Services Commission each year, developed brochures to educate potential HUBs on procurement opportunities at TDH, developed an aggressive TDH Executive Order on the utilization of HUBs, implemented the Good Faith Effort Program for subcontracting, and participated in various outreach and recruitment activities. At the end of Fiscal Year 1992, TDH's overall HUB participation rate was 2.36%. In only four years, that rate increased to 23.83% for Fiscal Year 1996.

Goal H: Management

Proceed with Continuous Quality Improvement (CQI) multi-faceted initiative. The CQI initiative is designed to develop and implement process improvement and problem solving tools for the TDH work force to use in order to meet customer needs.

Objective: By 2001, 95% of staff will understand principles of CQI, and quality teams will be functioning within specific programs as well as cross-functionally used.

The TDH CQI initiatives have produced more than 300 process improvement teams in the past five years. Team members meet regularly and participate in quality theory and tools training, then set out to solve problems or improve processes in their work areas.

Program Example

In Austin, staff of the Kidney Health Program knew that their program had not received any increase in funding for several years. They also were anticipating a further \$151,000 shortfall in their ability to serve clients. Using the techniques of CQI, the staff developed a process improvement team to address ways to make up for the loss in funding. Their outcome was to determine if generic drugs were available, publish the list of generic drugs and rates, and then TDH would only pay the generic rate. The results of this process included a savings large enough to compensate for the budget shortfall and at the same time increase the number of clients served by the program.

TDH Organizational Structure

In an agency the size of TDH, no strategic plan can capture all the activity that takes place. As strategic plans are meant to do, it provides a good framework for describing the primary agency goals. Because of the nature of public health (i.e., trying to improve health status at the community level), many program activities cut across specific goals. For example, even though the Breast and Cervical Cancer Control Program is under Objective A.3 (“to decrease the level of preventable diseases, injuries, and conditions and death”), the program activities also relate to Goal D (“to promote access to services”), and Goal E (“coordinated health systems”) as they interconnect with the efforts of regional programs and the two TDH hospitals.

The eleven public health regions mentioned in Objective E.2 were created to improve access to services. It is important to note that the regional activities overlap most of TDH objectives. Because of the diversity of needs across the state, regional variation exists with regard to staffing as well as the number and types of programs administered. There are several programs and activities common to all regions, such as Environmental and Consumer Health Protection, Disease Control and Prevention, and Zoonosis Control. However, there are many programs that are region-specific, tailored to meet the particular public health needs of the area (i.e.,

Seafood Safety, Border Health). In addition, some programs are housed at a single regional headquarters but provide services across regional boundaries (i.e., Cancer Registry). In all, up to 35 different major programs may operate in a given region, depending on the particular public health needs of that area.

Since providing a health safety net for all Texans cannot be achieved by addressing public health problems compartmentally, TDH works to cut across programs, functions, and goals as much as possible. This horizontal flow allows TDH to maximize limited resources through creative intra-agency coordination and information sharing.

A good example of intra-agency coordination and collaboration with local public officials is TDH's response to the outbreak of dengue fever in South Texas described below.

Dengue Fever Outbreak in South Texas

Dengue fever is an acute viral illness spread by mosquitos. Dengue symptoms are flu-like and include fever, headache, joint/bone pain, and muscle aches. The disease was once endemic in Texas, but now, most infections in Texas residents are acquired during travel to tropical countries. On August 25, 1995, TDH was alerted about a large number of dengue cases in Reynosa, Mexico, along the Texas-Mexico border. Since the proximity of these cases increased the possibility of an outbreak in Texas, the Commissioner of Health immediately allocated funds to fight the threat. Staff from six program areas within TDH eventually contributed their expertise to control this disease. The Division of Infectious Disease Epidemiology and Surveillance (IDEAS) apprised local health departments, physicians, laboratories, and infection control practitioners of the outbreak and availability of tests for dengue through the TDH Laboratory. Active surveillance for dengue cases was initiated. By the end of the year, sera from more than 360 patients were tested. Twenty-nine cases were confirmed statewide; seven South Texas cases were locally acquired. IDEAS and the Office of Border Health developed a bilingual brochure and posters to educate the public about the disease and encourage elimination of standing water, important to the mosquito breeding cycle. The Office of Border Health then distributed 200,000 brochures and 5,000 posters to schools, clinics, colonias, and others throughout South Texas. Public service announcements and press releases to educate the public also were prepared and distributed by the Division of Communications and Special Health Initiatives and program staff. A subsequent telephone survey, conducted to determine what the public knew about dengue, showed that 89% of respondents had heard of the disease. Of these, 87% knew it was transmitted by mosquitoes, and 58% had taken steps to protect themselves. In addition, TDH's Division of General Sanitation, Bureau of Laboratories' Entomology Section and the Zoonosis Control Division trained local public health workers to monitor the presence and densities of dengue vectors and assisted in mosquito control activities.